TED CRUZ
United States Senator - Texas

NOMINATION TO A U.S. SERVICE ACADEMY
2015 PERSONAL RECOMMENDATION FORM

APPLICANT NAME (Last, First Middle): _____

***Note to Recommender**: The person named above is applying for nomination to a United States Service Academy. The academies provide a college education and training for students to become commissioned officers in the Armed Forces following graduation. The questions below are designed to provide the information necessary to select the best-qualified candidates. According to federal law, all admissions materials must be shown to a student upon request. Each student must submit four personal evaluation forms along with a complete application packet by October 9, 2015. Failure to return this form by that date will jeopardize the student's application. **PLEASE ANSWER THE SPECIFIC QUESTIONS ASKED ON THIS FORM**. Use additional pages if necessary. You are welcome to submit a separate letter of recommendation, but it must be accompanied by this completed form.*

***Note to Applicant**: You must turn in four personal recommendation forms by October 9, 2015 or your application will not be considered complete. Forms are encouraged to be completed by a teacher, school counselor/principal, coach, religious leader, community leader or employer. You **must** submit four forms.*

1. How long have you known the applicant and in what capacity?

2. What academic, athletic or other merits do you find most noteworthy in the applicant?

3. Please explain to what extent the applicant does or does not demonstrate high merits in leadership and character.

4. To your knowledge, has the applicant shown sincere interest in pursuing a career in the United States Armed Forces?

5. On the scale below, how would you recommend the applicant?

___ EXCELLENT ___ GOOD ___ AVERAGE ___ NOT RECOMMENDED

Please upload this form directly to the OAM website along with any additional pages, or mail to:
Office of Senator Ted Cruz
ATTN: Service Academy Coordinator
300 E. 8th St., Suite 961
Austin, TX 78701

Name (printed):_____ Professional Title:_____

Address:_____
Street/ P.O. Box City State Zip

Phone: _____ Email: _____

Name (signature): _____ Date: / /